



# StormReady Application



Submit application to:

Operational Planning Bureau  
New Jersey Office of Emergency Management  
Box 7068  
River Road  
West Trenton, NJ 08628-0068



**Community Information**

<b>County/City/Town</b>		<b>Population</b>	
<b>Primary Point of Contact</b>		<b>Secondary Point of Contact</b>	
Name		Name	
Title		Title	
Phone		Phone	
Email		Email	

**Communications**

<b>Location of 24 Hour Warning Point</b>	<b>Location of Emergency Operations Center</b>

**NWS Information Reception**

<b>Warning Reception Capabilities and Location</b>	
1	
2	
3	
4	
5	
6	
7	
8	
<i>List any additional capabilities on a separate sheet if necessary</i>	

**Weather & Water Monitoring**

<b>Weather and Water Data Monitoring Capabilities and Location (EOC or Warning Point)</b>	
1	
2	
3	
4	
5	
<i>List any additional capabilities on a separate sheet if necessary</i>	



**Local Warning Dissemination**

**Dissemination Means**

1	
2	
3	
4	
5	

*List any additional capabilities on a separate sheet if necessary*

**Local Government Owned Buildings with Public Access**

	Building	Location	Tone Alert NOAA Weather Radio	Comments
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9			<input type="checkbox"/> Yes <input type="checkbox"/> No	

*List any additional capabilities on a separate sheet if necessary*

**Community Preparedness**

**Number of Annual Safety Talks** *(Indicate Topic, Location, and Presenter)*

1	
2	
3	
4	
5	



<i>List any additional safety talks on a separate sheet if necessary</i>	
<b>Other Community Preparedness Activities</b> ( <i>Indicate Activity, Location, and Organizer</i> )	
1	
2	
3	
4	
5	
<i>List any additional safety talks on a separate sheet if necessary</i>	
<b>Administrative Tools/Record keeping</b>	
Formal Hazardous Weather Operations Plan < Procedure for reporting storm damage to the local National Weather Service Forecast Office in real-time < Spotter Activation Criteria < Local Warning System(s) Activation Criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Spotter Roster and Training Record	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Visit by Emergency Manager to NWS Office	
Last Visit by NWS Officials to Community	
Annual Exercise Topic and Date	
Last NWS Spotter Training for Spotters and Dispatchers	
Last NWS Spotter Training Hosted/Co-Hosted ( <i>For populations &gt;40,000</i> )	



Department of Commerce  
National Oceanic & Atmospheric  
Administration  
National Weather Service

## Application Form

OMB Control # 0648\_0419  
Expires 11/30/2000

*List any additional descriptions, narratives, or documentation on a separate sheet if necessary*

Contact (name and address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_